

2008 ELECTION CYCLE  
CPR - SS 08-01(b)

**CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS**



Name of Candidate Michael Quest  
Address 200 Pearl Street, Brandon, 39042 County Rankin  
Telephone (Work) (601) 825-1472 (Home) (601) 824-3669 (Fax) (601) 825-9605  
Contact Name \_\_\_\_\_ Email Address questlow@hellsouth.net  
Office Sought District Attorney (Madison + Rankin) Political Party Republican

☐ Check here if above is different from previous report

**TYPE OF REPORT**

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

**IMPORTANT**

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	\$ 15,650.00 + \$ 4,350.00	\$ 20,000.00	\$ 20,000.00
Total amount of disbursements \$	\$ 5,318.38 + \$ 360.00	\$ 5,678.38	\$ 5,678.38
Total amount of cash on hand \$		\$ 14,321.62	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.  
Michael Quest 1/27/09  
(Signature of Candidate) (Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 8

Name of Candidate or Committee Michael P. West  
 Reporting period Jan 1, 2008 through Dec 31, 2008

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Burke C. Murphy, Jr.</u>	<u>3/25/08</u>	\$ <u>500.00</u>
Mailing Address <u>14 Montgomery Lane</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Canton, Ms 39046</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>   </u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>   </u>	Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Worlock &amp; Associates, LLC.</u>	<u>3/25/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1623</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Canton, Ms 39046</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>   </u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>   </u>	Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Limestone Development</u>	<u>3/25/08</u>	\$ <u>1000.00</u>
Mailing Address <u>689 C Toussie Center Blvd.</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Ridgeland, Ms 39157</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>   </u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>   </u>	Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Whitlow Farms</u>	<u>3/25/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 113</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Lowndes, Ms 39094</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>   </u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>   </u>	Aggregate year-to-date	\$



Page 2 of 8

Name of Candidate or Committee Michael Puest  
 Reporting period Jan 1, 2008 through Dec 31, 2008

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Heath Hall</u>	<u>4 / 15 / 08</u>	\$ <u>1000.00</u>
Mailing Address <u>303 Long Cove Drive</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>	<u>   /   /   </u>	\$
Name of Employer (Required) _____	<u>   /   /   </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comes Distributors, Inc</u>	<u>4 / 15 / 08</u>	\$ <u>400.00</u>
Mailing Address <u>1659 West Government Street</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Brandon, MS 39042</u>	<u>   /   /   </u>	\$
Name of Employer (Required) _____	<u>   /   /   </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Collette</u>	<u>4 / 15 / 08</u>	\$ <u>500.00</u>
Mailing Address <u>140 Peninsula Drive</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Brandon, MS 39047</u>	<u>   /   /   </u>	\$
Name of Employer (Required) _____	<u>   /   /   </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Seakins Building, Inc.</u>	<u>4 / 15 / 08</u>	\$ <u>500.00</u>
Mailing Address <u>4038 Highway 468</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Pearl, MS 39208</u>	<u>   /   /   </u>	\$
Name of Employer (Required) _____	<u>   /   /   </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

Page 3 of 8

Name of Candidate or Committee Michael Ince  
 Reporting period Jan 1, 2008 through Dec 31, 2008

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sony's Real P.t Bar-B-Q</u>	<u>5/12/08</u>	\$ <u>400.00</u>
Mailing Address <u>416 Dogwood Place</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Flowood, Ms 39232</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Flowood, Ms 39232</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Risk Management Partners, Inc.</u>	<u>5/12/08</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 5069</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Brendon, Ms 39047</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Coorsdown Builder, LLC</u>	<u>5/12/08</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 2756</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Madison, Ms 39130</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Marty Miller</u>	<u>5/12/08</u>	\$ <u>400.00</u>
Mailing Address <u>446 Clubhouse Drive</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Pearl, Ms 39208</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Home</u>	Aggregate year-to-date	\$



Page 4 of 8

Name of Candidate or Committee Michael Reed  
 Reporting period Jan 1, 2008 through Dec 31, 2008

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Andy Sumrell</u>		<u>5/12/08</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 1068</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, Ms 39215</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) _____		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bodie Construction, Inc.</u>		<u>5/12/08</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 1476</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Brandon, Ms 39043</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) _____		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert Elmore</u>		<u>5/12/08</u>	\$ <u>500.00</u>
Mailing Address <u>512 Silverstone Drive</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Madison, Ms 39110</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) _____		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sam Wilkins, Attorney at Law</u>		<u>3/25/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 504</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, Ms 39205</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) _____		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Page 5 of 8

Name of Candidate or Committee Michael Forest  
 Reporting period Jan 1, 2008 through Dec 31, 2008

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kelly Low Office, P.C.</u>	<u>4/30/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1975</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Brandon, MS 39043</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Brandon, MS 39043</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gap Benefit Services</u>	<u>4/30/08</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 61</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Brandon, MS 39043</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Brandon, MS 39043</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Thomson Construction, Inc.</u>	<u>5/12/08</u>	\$ <u>500.00</u>
Mailing Address <u>115 Bragg Street</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Brandon, MS 39042</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Brandon, MS 39042</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Stuart C. Ivy</u>	<u>5/12/08</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 1819</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Brandon, MS 39215</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Brandon, MS 39215</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$



Page 6 of 8

Name of Candidate or Committee Michael Puest  
 Reporting period Jan 1, 2008 through Dec 31, 2008

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Collection Management, Inc.</u>		<u>4/15/08</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 2191</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Brandon, Ms 39043</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ross Barnett, Jr.</u>		<u>3/25/08</u>	\$ <u>500.00</u>
Mailing Address <u>501 South State Street</u>		<u>4/30/08</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Jackson, Ms 39201</u>		<u>12/29/08</u>	\$ <u>500.00</u>
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Creede Maxwell</u>		<u>4/30/08</u>	\$ <u>400.00</u>
Mailing Address <u>155 Finch Branch</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Madison, Ms 39211</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>law enforcement</u>		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Oaktree Law Firm</u>		<u>4/30/08</u>	\$ <u>500.00</u>
Mailing Address <u>12 Woodgate Drive, Suite C</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Brandon, Ms 39042</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Page 7 of 8

Name of Candidate or Committee Michael Fuest  
 Reporting period Jan 1, 2008 through Dec 31, 2008

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Philip Warren</u>	<u>5 / 16 / 08</u>	\$ <u>400.00</u>
Mailing Address <u>3159 Louis Wilson Drive</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Breaston, Ms 39042</u>	<u>   /   /   </u>	\$
Name of Employer (Required) _____	<u>   /   /   </u>	\$
Occupation (Required) <u>retired</u>	Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Greg Daniels Ford</u>	<u>5 / 12 / 08</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 1269</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Breaston, Ms 39043</u>	<u>   /   /   </u>	\$
Name of Employer (Required) _____	<u>   /   /   </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Son-Pine Corporation</u>	<u>5 / 12 / 08</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 287</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Breaston, Ms 39043</u>	<u>   /   /   </u>	\$
Name of Employer (Required) _____	<u>   /   /   </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tom Hixon</u>	<u>5 / 12 / 08</u>	\$ <u>400.00</u>
Mailing Address <u>149 Woodmont Way</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Redeland, Ms 39157</u>	<u>   /   /   </u>	\$
Name of Employer (Required) _____	<u>   /   /   </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$



Page 8 of 8

Name of Candidate or Committee Michael Quest  
 Reporting period Jan 1, 2008 through Dec 31, 2008

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bank Plus</u>	<u>6 / 16 / 08</u>	\$ <u>400.00</u>
Mailing Address <u>241 W. Government Street</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Brandon, MS 39042</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cynthia A. Stewart, Attorney, P.A.</u>	<u>12 / 29 / 08</u>	\$ <u>500.00</u>
Mailing Address <u>2088 Main Street, Ste. A</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Moscow, MS 39110</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Marc E. Brand, Attorney at Law</u>	<u>6 / 16 / 08</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 8508</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS 39207</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>  /  /  </u>	\$
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Michael Guest  
 Reporting period Jan 1, 2008 through Dec 31, 2008

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Charlotte's Screen Printing</u>	<u>4 / 27 / 08</u>	\$ <u>766.66</u>
Mailing Address <u>774 Trickhambridge Road</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Brandon, Ms 39042</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>B. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Charlotte's Screen Printing</u>	<u>5 / 12 / 08</u>	\$ <u>251.72</u>
Mailing Address <u>774 Trickhambridge Road</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Brandon, Ms 39042</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>C. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Bay Pointe Country Club</u>	<u>5 / 12 / 08</u>	\$ <u>3500.00</u>
Mailing Address <u>800 Bay Pointe Drive</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Brandon, Ms 39047</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>D. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>McLaurin Diamond Club</u>	<u>11 / 3 / 08</u>	\$ <u>300.00</u>
Mailing Address <u>127 Cody Lane</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Brandon, Ms 39042</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>E. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Woods, Wheels, &amp; Water Outdoors, Inc.</u>	<u>11 / 7 / 08</u>	\$ <u>500.00</u>
Mailing Address <u>241 Shorter Road</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Brandon, Ms 39044</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>F. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
	<u>  /  /  </u>	\$
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$